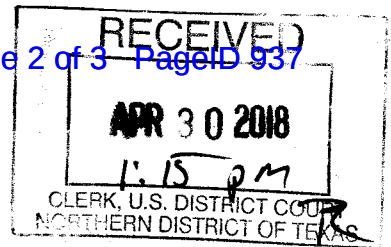


SAO-435 (Rev. 03/08)		Administrative Office of the United States Courts  <b>TRANSCRIPT ORDER</b>			<b>FOR COURT USE ONLY</b>  <b>DUE DATE:</b>	
Please Read Instructions:						
1. NAME <i>Michelle Dunegan</i>		2. PHONE NUMBER <i>N/A</i>		3. DATE <i>4/10/18</i>		
4. MAILING ADDRESS <i>PO BOX 27137 FMC Carswell</i>		5. CITY <i>Ft. Worth</i>		6. STATE <i>TX</i>	7. ZIP CODE <i>76127</i>	
8. CASE NUMBER <i>4:17-CR-00181-OU</i>		9. JUDGE <i>O'Connor</i>		DATES OF PROCEEDINGS 10. FROM <i>July 2017</i> 11. TO <i>April 2018</i>		
12. CASE NAME <i>United States of America Vs Michelle Dunegan</i>		LOCATION OF PROCEEDINGS 13. CITY <i>Ft. Worth</i> 14. STATE <i>TX</i>				
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input checked="" type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input checked="" type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER						
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)						
PORTIONS		DATE(S)		U.S. DISTRICT COURT NORTHERN DISTRICT OF TEXAS FILED <i>1:15 PM</i> <b>APR 30 2018</b> CLERK, U.S. DISTRICT COURT By _____ Deputy <i>TZ</i>		
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)				
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)		<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)	<i>Arraignment</i>			
<input type="checkbox"/> OPENING STATEMENT (Defendant)		<input type="checkbox"/> OTHER (Specify)				
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)						
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)						
<input type="checkbox"/> OPINION OF COURT						
<input type="checkbox"/> JURY INSTRUCTIONS						
<input checked="" type="checkbox"/> SENTENCING	<i>Feb. 5 2018</i>					
<input checked="" type="checkbox"/> BAIL HEARING						
17. ORDER						
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS
ORDINARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		0.00
18. SIGNATURE <i>Michelle Dunegan</i>				PROCESSED BY		
19. DATE <i>April 10, 2018</i>				PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS		
ORDER RECEIVED	DATE	BY				
DEPOSIT PAID				DEPOSIT PAID		
TRANSCRIPT ORDERED				TOTAL CHARGES		
TRANSCRIPT RECEIVED				LESS DEPOSIT		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		
						0.00



To Whom it may concern:

I am needing the transcripts to case # 4:17-cr-00181-O(1).  
I've enclosed 3 copys of transcript Order form and Application  
to proceed in Forma Pauperis, with 6 months transaction  
on my account. If I don't qualify for indigent please  
tell me how much it will cost to get the transcripts  
from my case.

Michelle Bon

Name Michelle Duggan  
Reg. No. 55965-177  
Federal Medical Center, Carswell  
P.O. Box 27137  
Ft. Worth, TX 76127

2018 APR 30 PM 1:15  
FBI - FT. WORTH  
RECEIVED



↔55965-177↔  
Us District Clerk  
501 W 10TH ST  
Rm 310  
FORT Worth, TX 76102-3673  
United States